MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12728

Reg. Dist. No. 171

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garett

City or town Rural Near Jennings
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Garett

City or town Rural Near Jennings Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Benjamine Gilbert Bittinger

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23 I869

8. AGE:

Years	Months	Days	If less than one day
7I	7	I3	hrs. min.

9. Birthplace Rural Near Bbbbinger Garett Co Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name John Bittinger
13. Birthplace Rural Near Bittinger Md

MOTHER
14. Maiden name Mary Spiker
15. Birthplace Rural Near Bittinger Md

16. Informant Effie Bittinger

Address Jennings Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 8 I940 (month) (day) (year)

Cemetery or crematory Saint Bethny

Location On Grantsville & Bittinger Road

18. Funeral director Wm Winterberg

Address Grantsville Md

19. Dec 7 1940 (Date rec'd by registrar) J. B. Emory Registrar R.

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 6 1940, at 1 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from NOV 1 1940, to DEC 6 1940, and that I last saw h in alive on DEC 6 1940

Immediate cause of death	DURATION
CEREBRAL HEMORRHAGE	11-1-40
Due to	
Due to	
Other condiitons	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B H Hoke M. D.

Address SALISBURY PA Date signed 12-8-40

RECEIVED
JAN 13 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

12729

Reg. Dist. No. 171

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garett

City or town Rural Near Grantsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garett

City or town Rural Near Grantsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Amy Bowser

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Perry Bowser

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6 1862

8. AGE: Years	Months	Days	If less than one day
78	7	5	hrs. min.

9. Birthplace Rural Near Jennings Md (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER 12. Name Solimon Bittinger

13. Birthplace Rural Near Jennings Md

MOTHER 14. Maiden name Rebecaa Broadwater

15. Birthplace New Germany Md

16. Informant Mrs Annabell Beam

Address Grantsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec I4 I940 (month) (day) (year)

Cemetery or crematory Bowser Cemetary

Location On Wm Deatle Farm On Bittinger Road & Grantsville

18. Funeral director Wm A Winterberg

Address Grantsville Md

19. Dec. 13 1940 (Date rec'd by registrar) J. B. Emory Registrar R.

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 11 1940, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 4 1940, to Dec 11 1940, and that I last saw h alive on Dec 10 1940.

Immediate cause of death	DURATION
Cerebral Haemorrhage	7 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. B. Davis M.D. M. D. or other

Address Grantsville Md Date signed Dec 12

RECEIVED
JAN 13 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (160-a)

13171

CERTIFICATE OF DEATH

Reg. Diat. No. 166

1. PLACE OF DEATH:

County: Garrett

City or town: Deer Park

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Deer Park

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Dewee William Clay

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	

8.(b) Name of husband or wife

8.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 20, 1940

8. AGE: Years	Months	Days	If less than one day
—	—	1	— hrs. — min.

8. Birthplace: Deer Park, Garrett Co., Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name: William Howard Clay

13. Birthplace: Deer Park, Md.

MOTHER 14. Maiden name: Virginia Mae Hale

15. Birthplace: Hedgesville, W. Va.

16. Informant: Father

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 22, 1940 (month) (day) (year)

Cemetery or crematory: Farm

Location: Near Deer Park, Md.

18. Funeral director: Father

Address

19. 4/19 (Date rec'd by registrar) 18. 41 Julian Rowan Registrar

REGISTRAR No. 166 DATE 3/26/41

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 21, 1940, at 5:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...

and that I last saw him alive on December 20, 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: C. E. Mauer M.D.
M. D. or other

Address: Oakland, Md. Date signed 3-15-41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

See letter perm file 4/8/42 jf (from Julia Rowan)

RECEIVED
MAR 20 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

12730

Reg. Diat. No. 187

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Garrett

City or town: Near Wilson, W. Va.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 Years

Hospital, institution, or street address where death occurred: ------

How long in hospital or institution? -----

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Near Wilson, W. Va.

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Near Md. & W. Va. Border

(If rural, give LOCATION)

2.(a) If veteran, name war: -----

3.(a) FULL NAME: William Albert Cyphert

3.(b) Social Security Number: -----

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Nancy Agnes (McCoy) Cyphert

6.(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): February 23, 1855

8. AGE: Years	Months	Days	If less than one day
85	9	10	.....hrs. .....min.

9. Birthplace: Corcica, Jefferson Co., Pa. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Usually around Saw Mill

FATHER — 12. Name: Joseph Cyphert

13. Birthplace: Jefferson Co., Pa.

MOTHER — 14. Maiden name: Mariah Clinger

15. Birthplace: Jefferson Co., Pa.

16. Informant: Blair Cyphert

Address: Bayard, W. Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 15, 1940 (month) (day) (year)

Cemetery or crematory: Bayard, W. Va.

Location: Bayard, W. Va.

18. Funeral director: Herbert C. Leighton

Address: Oakland, Maryland.

19. 12-15-1940 (Date rec'd by registrar) Virginia M. Harvey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 13, 1940 19..... 3:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10th, 1940, to Dec 13- 1940 and that I last saw h-- alive on Dec 12- 1940

Immediate cause of death	DURATION
Arteriosclerosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: W. H. Drinkwater M. D. or other

Address: Germania, W. Va. Date signed: Dec 15- 1940

RECEIVED
JAN 4 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

12731

Reg. Dist. No. 172

1. PLACE OF DEATH:
County Garrett
City or town Mt. Zion
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 28 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Mt. Zion Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Carrie Bell Duckworth
3. (b) Social Security Number None

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Roland Sanford Duckworth
6(c) If alive, give age 64 years
7. Birth date of deceased (mo., day, yr.) April 24, 1884

8. AGE: Years 56 Months 8 Days 3 If less than one day ___ hrs. ___ min.

9. Birthplace Vindex Garrett Co., Md
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business Own home
FATHER
12. Name Isaac Davis
13. Birthplace Garrett Co., Md
MOTHER
14. Maiden name Cora Dean Davis
15. Birthplace Rowlesburg, W. Va
16. Informant Mrs Roland S. Duckworth
Address R.F.D. #3. Swanton, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/29/1940 (month) (day) (year)
Cemetery or crematory Mt. Zion
Location Mt. Zion, Garrett Co., Md
18. Funeral director Otha F. Sharpless
Address Blaine, W. Va
19. 12-28 1940 (Date rec'd by registrar) A W Barrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1940, at 7 15 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1938, to Dec. 26 1940, and that I last saw her alive on Dec. 26 1940.

Immediate cause of death: Acute Myocarditis — DURATION: 1 week.
Due to Carcinomatosis (Epithelioma)
Due to Carcinomatosis of epithelium: arms, back and chest. cwlr
Other conditions Duration: four years.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Ralph Colandella M.D. M. D. or other
Address Kitzmiller Date signed Dec. 27-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 3 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-0d)

CERTIFICATE OF DEATH

12732

Reg. Dist. No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garett
City or town R.D.2 Grantsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Garett
City or town R.D.2 Grantsville Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary. Maud. Fresh

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

8 (b) Name of husband or wife
8(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27 1877

8. AGE:

Years	Months	Days	If less than one day
63	6	3	hrs. min.

9. Birthplace R.D.2 Grantsville Md (Town, county, and state)
10. Usual occupation House Work
11. Industry or business
FATHER 12. Name Jacob Fresh
13. Birthplace Germany
MOTHER 14. Maiden name Anna Otto
15. Birthplace R.D.2 Grantsville Md
16. Informant Asa Fresh
Address R.D.2 Grantsville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. I. 1941 (month) (day) (year)
Cemetery or crematory New Germany Reformd Cemetary
Location R.D.2 Grantsville Md
18. Funeral director Wm Winterberg
Address Grantsville Md
19. 12-31 1940 (Date rec'd by registrar) Clyde F. Bender Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 30 1940, at 1/09 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 30 1940 to Dec 30 1940 and that I last saw h— alive on Dec 30 1940.

Immediate cause of death	DURATION
Congestive Hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. R. Davis M.D. M. D. or other
Address Grantsville Md Date signed Dec 31

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95c)

Reg. Dist. No. 166

12733

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Garrett
(b) City or town Deer Park
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: ------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----------
(e) Length of stay in this community (yrs., mos., or days) 46 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Garrett
(c) City or town Deer Park Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Mi. N E Deer Park, Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

3 (a) **FULL NAME** Elizabeth Grace Friend

3 (b) If veteran, name war ------

3 (c) Social Security No. ------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Joseph D. Friend

6. (c) If alive, give age ----- years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1872

8. AGE: Years	Months	Days	If less than one day
68	10	14	____hr. ____min.

9. Birthplace Swallow Falls; Garrett Co., Md.
(Town, county, and state)
10. Usual occupation House Wife
11. Industry or business Own Home

FATHER
12. Name Jonathin Lewis
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Ray Friend
(b) Address Deer Park, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Deer Park
Location Deer Park, Md.

18 (a) Funeral director Herbert C. Leighton
(b) Address Oakland, Md.

19 (a) 12/4/1940 (Date rec'd by registrar) (b) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. Date of death 12-2- 1940, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from ----- 19---, to ----- 19---, and that I last saw him alive on ----- 19---.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions Prostatectomy	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward E. Goldsborough M.D.
M. D. or other
Address Deer Park, Md. Date signed 12-2-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

12734

Reg. Dist. No. 744

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH.
County Garrett
City or town Rural Near accident
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Garrett
City or town Rural Near accident Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret Louise Hartman

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife John Hartman
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 12 - 1874

8. AGE: Years	Months	Days	If less than one day
66	11	3	hrs. min.

9. Birthplace Rural near accident Garrett Co
(Town, county, and state)
10. Usual occupation Home Wife
11. Industry or business
FATHER 12. Name Leonard Berkhard
13. Birthplace Germany
MOTHER 14. Maiden name Mary A Gruber
15. Birthplace Germany
16. Informant John Hetzling
Address R. D. accident
17. Burial Date thereof 12-18-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Lutheran Cemetary
Location accident Md
18. Funeral director Wm Winterberg
Address Grantsville Md
19. Dec 17 1940 W. J. Ritchie
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1940, at 8 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 8 1940, to Dec 16 1940, and that I last saw h Br alive on Dec 13 1940.

Immediate cause of death	DURATION
Left Hemiplegia	3 weeks
Due to Cerebral Hemorrhage	2 weeks
Due to Arteriosclerosis	unknown
Other conditions Syphilis	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. F. Gridley, M. D.
M. D. or other
Address Friendsville, Md Date signed Dec 17, 1940

RECEIVED
JAN 7 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (160-C)

CERTIFICATE OF DEATH

12735

Reg. Dist. No. 7 166

1. PLACE OF DEATH:
County Garrett
City or town Oakland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? ----
Hospital, institution, or street address where death occurred: Eighth St.
How long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Oakland
(If outside city or town limits, write RURAL and give nearest town)
Street No. Eighth St.
(If rural, give LOCATION)
2.(a) If veteran, name war ----

3.(a) FULL NAME Baby Harvey

3.(b) Social Security Number ------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Child

6.(b) Name of husband or wife ------
6.(c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) December 30, 1940

8. AGE: Years ---- Months ---- Days ---- If less than one day ---- hrs. few min.

9. Birthplace Oakland; Garrett Co., Md. (Town, county, and state)

10. Usual occupation -----

11. Industry or business -----

FATHER
12. Name Russell Wilson Harvey
13. Birthplace Swanton, Maryland.

MOTHER
14. Maiden name Emily Jane Turner
15. Birthplace Swanton, Maryland.

16. Informant Russell Wilson Harvey
Address Oakland, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 31, 1940 (month) (day) (year)
Cemetery or crematory Turner Cemetery
Location Walnut Bottom "near Swanton"

18. Funeral director Herbert C. Leighton
Address Oakland, Maryland.

19. Dec 31 1940 Julia Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 30, 1940 19 at 6:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 30 1940, to Dec 30 1940
and that I last saw h-- alive on Dec 30, 1940

Immediate cause of death	DURATION
Difficulty in breathing asphyxia	1 hr
Due to Inability of mother to deliver child	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations None
Date of op.
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. Irving Baumgartner M D
M. D. or other
Address Oakland Md Date signed 12/31/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

12736

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County: Garrett

City or town: Oakland (rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Garrett

City or town: Oakland
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Rosedale
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME House

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: —

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Dec. 26, 1940

8. AGE: Years: Stillborn | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Oakland, Garrett Co.
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Lester Lawrence House
13. Birthplace: Accident, Md

MOTHER
14. Maiden name: Freda Adeline Shipper
15. Birthplace: Coellen, Md

16. Informant: Lester L. House
Address: Oakland, Md

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 26 1940 at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 26 1940, to Dec. 26 1940 and that I last saw h[illegible] Dead 19

Immediate cause of death: Premature separation of placenta

Due to: Etiology unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: None Injured at work?

23. SIGNATURE: E. Jimmy Baumgartner M. D. or other

Address: Oakland Md Date signed: 1/10/40

RECEIVED
JAN 15 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74-a)

CERTIFICATE OF DEATH

12737

Reg. Dist. No. 172

1. PLACE OF DEATH:
County Garrett
City or town Kitzmiller
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 15 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Marylnad County Garrett
City or town Kitzmiller Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME George J. Kinkead

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lulu Mae Warnick Kinkead

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) May 31, 1877

8. AGE: Years 63 Months 6 Days 17 If less than one day hrs. min.

9. Birthplace Bloomington, Garrett Co., Md.
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business

FATHER
12. Name Thomas M. Kinkead
13. Birthplace Phillipsburg, Pa.

MOTHER
14. Maiden name Priscilla Susan Bischoff,
15. Birthplace Aurora, Preston Co., W.Va.

16. Informant W. I. Kinkead
Address Ebensburg, Pa.

17. Burial Date thereof Dec. 22, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory I.O.O.F. Cemetery
Location Elk Garden, W.Va.

18. Funeral director Otha F. Sharpless
Address Blaine, W. Va.

19. 12/18 19 40 Alice Garrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 18 19 40, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 37, to Dec. 18 19 40, and that I last saw h, m alive on Dec. 17 19 40

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to Auricular Fibrillation	1936
Due to Hypertension	1935
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Ralph Calandella M.D.
M. D. or other
Address Kitzmiller, Md. Date signed Dec. 20-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164-C)

12738

CERTIFICATE OF DEATH

Reg. Dist. No. 172

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Garrett
City or town: Deer Park
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 1 yr 5 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Garrett
City or town: Deer Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Eda Evelyn Kisner

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Oscar Arthur Kisner — 6(c) If alive, give age: 34 years

7. Birth date of deceased (mo., day, yr.): June 19, 1913

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
27	6	3		

9. Birthplace: Blaine, Mineral Co., W. Va. (Town, county, and state)

10. Usual occupation: Housework & restaurant work

11. Industry or business

FATHER
12. Name: Harvey Brabson
13. Birthplace: Wolfsburg, Penna

MOTHER
14. Maiden name: Ella Wagner
15. Birthplace: Grantsville, Md

16. Informant: Mrs. Ella Brabson
Address: Star Route, Grantsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 23, 1940 (month) (day) (year)
Cemetery or crematory: Deer Park Cemetery
Location: Deer Park, Md.

18. Funeral director: Otha I. Sharpless
Address: Blaine, W. Va.

19. 12-23-1940 (Date rec'd by registrar) Allen Garrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 20 1940, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 20, 1940, to Dec 20 1940, and that I last saw h Decease on arrival 19

Immediate cause of death	DURATION
Shotgun wounds of head & neck	
Due to Self inflicted injuries	
Due to	
Other conditions Fractures of base of skull	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: Dec 20-1940
Where did injury occur? Deer Park (City or town) Garrett (County) Md (State)
Injured at home, farm, industry, public place (where?): home
Means of injury: Injured at work?

23. SIGNATURE: E. Irving Brumgartner M.D.
M. D. or other
Address: Oakland Md Date signed 12/24/40

JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-C

CERTIFICATE OF DEATH

Reg. Diat. No. 12739 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Garrett

City or town: Swallow Falls Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life Time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Swallow Falls, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Emory Elwood Lewis

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): February 20th 1876.

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
64 5	10	9		

9. Birthplace: Garrett County
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER — 12. Name: Freeman Lewis
13. Birthplace: Garrett County

MOTHER — 14. Maiden name: Sarah A. Lewis.
15. Birthplace: Garrett County.

16. Informant: Henry Lewis.
Address: Oakland, Md. Route #1

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 30th 1940 (month) (day) (year)

Cemetery or crematory: Lewis Cemetery.

Location: Near Swallow Falls, Md.

18. Funeral director: Emroy D. Bolden.
Address: Oakland, Md.

19. Dec 31 1940 Julia Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 29th, 1940, at 12:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 31 1940, to Dec. 29 1940
and that I last saw him alive on Dec. 26 1940

Immediate cause of death	DURATION
Coronary occlusion	
Due to: Arteriosclerosis	
Due to: Myocarditis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: A. E. Mann. MD.
M. D. or other

Address: Oakland Md Date signed 12-29-40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 63-C

CERTIFICATE OF DEATH

12740

Reg. Dist. No. 170

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Garett

City or town: Rural Near Avilton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Garett

City or town: Avilton Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: South East of Granstville on Avilton Road (Rural: give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Olen Mc Kenzie

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Anna Mckenzie

6(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): Febuary 11 1865

8. AGE:

Years	Months	Days	If less than one day
75	9	25	hrs. min.

9. Birthplace: Rural near Avilton
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Frances Mckenzie
13. Birthplace: Rural Near Avilton

MOTHER
14. Maiden name: Sarah Garletz
15. Birthplace: Rural Near Avilton

16. Informant: Anna McKenzie
Address: Avilton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 9 1940 (month) (day) (year)

Cemetery or crematory: Saint Anns

Location: Rural Near Avilton

18. Funeral director: Wm Winterberg

Address: Grantsville Md

19. December 7 1940 (Date rec'd by registrar) Geo. B. Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 6 1940, at 6:30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1940, to Dec 6 1940, and that I last saw him alive on Dec 3 1940

Immediate cause of death	DURATION
Chronic Myocarditis	8 yrs
Due to Hypertension	20 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. R. Davis M.D.
M. D. or other

Address: Grantsville Md Date signed: Dec 6

RECEIVED
JAN 4 1941
BUREAU V. S.

12741

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9)

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett

City or town Oakland, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland, County Garrett

City or town Oakland, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Terry Beldin Ramsey.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 28th, 1939.

8. AGE: Years	Months	Days	If less than one day
1	3	21	hrs. min.

9. Birthplace O akland, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Beldin Cecil Ramsey.
13. Birthplace Oakland, Md.

MOTHER
14. Maiden name Elwanda Uphold.
15. Birthplace Crellin, Md.

16. Informant Cecil Ramsey.
Address Rosedale, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec 10th, 1940
(month) (day) (year)

Cemetery or crematory Marshall Friend, Cem.
Location Near Oakland, Md.

18. Funeral director Emroy D. Bolden.
Address Oakland, Md.

19. 12/11/ 1940
(Date rec'd by registrar)
Julia Rowan
Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7th, 1940, at 8:10P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw h in dead Dec 7 1940

Immediate cause of death Strangulated

DURATION

Due to

Due to

Other conditions Whooping Cough
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M C Hurlbaugh
M. D. or other

Address Oakland Md Date signed Dec 8-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 10 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12742

Reg. Diat. No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Garret
City or town: Rural Grantsville md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 mo.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Garret
City or town: Grantsville md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: no

3. (a) FULL NAME: Eugene Alton Rounds

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	Single

6.(b) Name of husband or wife: ~~Fredrick Nathaniel Rounds~~

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 19, 1940

8. AGE: Years | Months: 6 | Days: 19 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Westernport md Allegany
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Fredrick Nathaniel Rounds
13. Birthplace: Swanton md

MOTHER
14. Maiden name: Violet Loretta Broadwater
15. Birthplace: Swanton, md.

16. Informant: father
Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 11, 1940 (month) (day) (year)
Cemetery or crematory: Walter Broadwater family cemetery
Location: Rural Grantsville

18. Funeral director: Wm. Wisterberg
Address: Grantsville Md.

19. Dec. 10, 1940 (Date rec'd by registrar) Clyde F. Bender Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 9 1940, at 5:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 1940, to Nov 1 1940 and that I last saw h.. alive on Nov 1 1940

Immediate cause of death	DURATION
Bronchio pneumonia	3 days
Due to (not treated by Physician history suggest diagnosis)	
Due to	
Other conditions: none	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Norman Rines M D M. D. or other
Address: Westernport Md Date signed: 12-10-40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

CERTIFICATE OF DEATH

12743

Reg. Dist. No. 172

1. PLACE OF DEATH:
County Garrett
City or town Kitzmiller
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 7 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Kitzmiller Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION) No
2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Tresia Anne Shaffer

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

B (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19 - 1858

8. AGE: Years	Months	Days	If less than one day
82	9	27	hrs. min.

9. Birthplace Oakland, Garrett Co., Md.
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business Own Home
FATHER 12. Name Henry J. Shaffer
13. Birthplace Honenvaple, Germany
MOTHER 14. Maiden name Marie Magdalene Brinkman
15. Birthplace Brogentrick, Germany
16. Informant Miss Anna I. Heck
Address 4 Harrison St. Cumberland, Md
17. Burial Date thereof Dec. 18 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory
Location Oakland, Md.
18. Funeral director Otha F. Sharpless
Address Blaine, W.Va.
19. 12/17 1940 Au Barrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 16 19 40 at 9:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 19 36 to Dec. 16 19 40
and that I last saw her alive on Dec. 16 19 40

Immediate cause of death	DURATION
Acute Myocarditis	1 week
Auricular Fibrillation	5 yrs
Due to Hypertension	8 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Ralph Calendella M.D.
M. D. or other
Address Kitzmiller, Md. Date signed Dec. 17 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83(a)

CERTIFICATE OF DEATH

12744

Reg. Diat. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garrett
City or town Accident, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Accident
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Emma Mary Speicher.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife Harvey J. Speicher.
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) April 10th, 1875.

8. AGE: Years	Months	Days	If less than one day
65	8	7	..... hrs. ..... min.

9. Birthplace Summitt Township, Pa.
(Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business

FATHER
12. Name Joel C. Gnegy.
13. Birthplace Summitt Township. Pa.

MOTHER
14. Maiden name Catherine Fike.
15. Birthplace Summitt Township, Pa.

16. Informant Dwight Speicher.
Address Accident, Md.

17. Burial b (Burial, cremation, or removal. Which?) Date thereof December 20th 1940 (month) (day) (year)
Cemetery or crematory Church of the U Brethren
Location Near Accident, Md.
18. Funeral director Emroy D. Bolden.
Address Oakland, Md.

19. 12/19/1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1940, at 5:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 15 1940, to Dec. 17 1940
and that I last saw h.. alive on about August 15 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	Few min.
Due to Arteriosclerosis	?
Due to Senility	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations —
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE H. F. Glover, M.D. M. D. or other
Address Friendsville, Md. Date signed 12-18-40

RECEIVED
FEB 10 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12745

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Garrett

City or town: Near Oakland, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Near Oakland,

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Mrs. Sarah Uphold.

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 21st, 1863.

8. AGE:

Years	Months	Days	If less than one day
77	8	10	..... hrs. ..... min.

9. Birthplace: Garrett County, Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: John McCabe

13. Birthplace: Garrett County, Md.

MOTHER — 14. Maiden name: Hannah Kisner,

15. Birthplace: Unknown

16. Informant: Jack Uphold,

Address: N ear Oakland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 3 d 1941 (month) (day) (year)

Cemetery or crematory: WolfCemetery

Location: Near Herrington Manor, Md.

18. Funeral director: Emroy D. Bolden.

Address: Oakland, Md.

19. Jan 2, 1941 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 31st, 1940 19..... at 9:30 A.M. P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 1 19 40, to Dec 31 19 40

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Pulmonary tuberculosis — DURATION .....

Due to: ..... DURATION .....

Due to: ..... DURATION .....

Other conditions: ..... DURATION .....

(Include pregnancy within 3 months of death)

Major findings of operations: .....

Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: M. C. Hineburgh M.D. or other

Address: Oakland Md. Date signed: Dec 31-40

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21-a2)

CERTIFICATE OF DEATH

Dr Diehl
12746

Reg. Diat. No. 16 8

1. PLACE OF DEATH:
County: Garrett
City or town: Finzel
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Garrett
City or town: Finzel
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Washington Warner

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	widowed

6.(b) Name of husband or wife: Nancy Warner
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept 29 — 1851

8. AGE: Years	Months	Days	If less than one day
89	2	17	..... hrs. ..... min.

9. Birthplace: Somerset Co. Pa.
(Town, county, and state)
10. Usual occupation: retired
11. Industry or business: carpenter
FATHER 12. Name: Geo. Warner
13. Birthplace: Pa.
MOTHER 14. Maiden name: Nancy Engle
15. Birthplace: Pa.
16. Informant: Milton Warner
Address: Finzel, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 19-1940 (month) (day) (year)
Cemetery or crematory: Grantsville
Location: Grantsville, Pa.
18. Funeral director: J. L. Dough
Address: Frostburg, Md.
19. Dec 18 1940 (Date rec'd by registrar) Thomas J. Crowe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 16 1940, at 5:15 P.M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from August 1 1940, to Dec. 16 1940
and that I last saw him alive on Dec. 16 1940

Immediate cause of death	DURATION
Cardio vascular renal disease	2 years.
Due to —	
Due to —	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: X
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: X Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: H. C. Diehl, M. D.
M. D. or other
Address: Frostburg, Md. Date signed: 12-17-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

12747

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 7/166

1. PLACE OF DEATH:

County Garrett

City or town Rural - Oakland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 37 Yrs.

Hospital, Institution, or street address where death occurred: ----

How long in hospital or institution? ----

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland. County Garrett

City or town Rural Oakland, Maryland
(If outside city or town limits, write RURAL and give nearest town)

Street No. 4 Mi. S W Oakland,
(If rural, give LOCATION)

2.(a) If veteran, name war ----

3. (a) FULL NAME Benjamine Harrison Yoder

3. (b) Social Security Number ----

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife Sarah E.(Schlabach) Yoder

6.(c) If alive, give age Deceased years

7. Birth date of deceased (mo., day, yr.) February 2, 1863

8. AGE: Years	Months	Days	If less than one day
77	10	16	....hrs. ....min.

9. Birthplace Wayne County, Ohio.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER
12. Name Jonas Yoder
13. Birthplace Unknown

MOTHER
14. Maiden name Catherine Kangge
15. Birthplace Unknown

16. Informant Noah Yoder
Address R. D. Oakland, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec. 20, 1940 (month) (day) (year)

Cemetery or crematory Schlabach Cemetery

Location 4 Mi. S W Oakland, Md.

18. Funeral director Herbert C. Leighton
Address Oakland, Maryland.

19. Dec. 20. 1940 Julia Rowan
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18, 1940, at 7:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1 1940, to Dec 18, 1940 and that I last saw him alive on Dec. 5 1940

Immediate cause of death Coronary occlusion

Due to arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. E. Maurer, M.D.
M. D. or other

Address Oakland, Md Date signed 12-18-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.